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CONFIRMATION NO. 8723

Bib Data Sheet

SERIAL NUMBER 10/702,562	FILING OR 371(c) DATE 11/05/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. A03P1072
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** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 18 INDEPENDENT CLAIMS 4
ADDRESS 36802				
TITLE Implantable cardiac defibrillation assembly including a self-evaluation system and method				
FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	